

Case Number:	CM15-0115179		
Date Assigned:	07/02/2015	Date of Injury:	08/27/2010
Decision Date:	07/30/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year old female, who sustained an industrial injury on 08/27/2010. She has reported injury to the neck and left shoulder. The diagnoses have included neck pain; left shoulder pain; post-laminectomy syndrome, cervical; myalgia and myositis, unspecified; spasm of muscle; and chronic pain syndrome. Treatments have included medications, diagnostics, home exercises, and surgical intervention. Medications have included Oxycodone, Fentanyl Patch, Wellbutrin, Brintellix, Soma, and Ambien. A progress report from the treating physician, dated 05/07/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of neck pain and left shoulder pain; they are about the same; and she is benefitting from her pain medications with pain relief and improved function. Objective findings included in some mild distress; appears uncomfortable and fatigued; limited neck range of motion; diffuse tenderness over the cervical spine area; and limited range of motion of the left upper extremity at the shoulder. The treatment plan has included the request for Spinal Q Vest purchase; and Posture Shirt purchase.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Spinal Q Vest Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Lumbar Supports.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic Acute & Chronic, Posture garments.

Decision rationale: The claimant sustained a work injury in August 2010 and continues to be treated for neck and left shoulder pain. When seen, her condition was about the same. She appeared in mild distress, uncomfortable, and fatigued. There was diffuse cervical spine tenderness and decreased left shoulder range of motion. Fentanyl and oxycodone were prescribed. A Spine Q vest and garment were requested. Posture garments such as the Spinal Q posture brace are not recommended as a treatment for back pain. Posture garments conform to the back and shoulders as a second skin, intended to gradually reshape these areas for improved posture, athletic performance and less back pain. There are no quality published studies to support these claims. The request is not considered medically necessary.

Posture Shirt Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Lumbar Supports.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic Acute & Chronic, Posture garments.

Decision rationale: The claimant sustained a work injury in August 2010 and continues to be treated for neck and left shoulder pain. When seen, her condition was about the same. She appeared in mild distress, uncomfortable, and fatigued. There was diffuse cervical spine tenderness and decreased left shoulder range of motion. Fentanyl and oxycodone were prescribed. A Spine Q vest and garment were requested. Posture garments are not recommended as a treatment for back pain. Posture garments conform to the back and shoulders as a second skin, intended to gradually reshape these areas for improved posture, athletic performance and less back pain. There are no quality published studies to support these claims. The request is not considered medically necessary.